Fill in this information to identify your case:	Document	Entered 07/27/18 17:15:08 Page 1 of 62	Desc Main
United States Bankruptcy Court for the:			
Northern District of Illinois			
Case number (If known):	Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13		☐ Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	Yadira	
	government-issued picture identification (for example, your driver's license or passport).	First name	First name
		Middle name	Middle name
	Bring your picture identification to	Flores	
	your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)
2.	All other names you have used in the last 8 years		
	-	First name	First name
	Include your married or maiden names.		
	names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your	xxx-xx- <u>0</u> <u>7</u> <u>8</u> <u>1</u>	xxx - xx
	Social Security number or federal Individual Taxpayer	 OR	OR
	Identification number (ITIN)	9xx-xx	9xx - xx

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		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	☑I have not used any business names or EINs.	☐I have not used any business names or EINs.
	Include trade names and doing business as names	Business name	Business name
		Business name	Business name
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		4109 S Montgomery Ave 3	
		Number Street	Number Street
		Chicago, IL 60632	
		City State ZIP Code	City State ZIP Code
		Cook	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing <i>this</i>	Check one:	Check one:
	district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408)
			·

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	First Name	Middle N	lame Dust	ment	Page 3 of 62	<u> </u>	
Par	t 2: Tell the Court About Yo	our Bank	ruptcy Case				
7.	The chapter of the Bankruptcy Code you are choosing to file under	(Form B	one. (For a brief descr 2010)). Also, go to the hapter 7 hapter 11 hapter 12 hapter 13				342(b) for Individuals Filing for Bankruptcy
8.	How you will pay the fee	abororde a pr I ne You	ut how you may pay. Ty er. If your attorney is si re-printed address. red to pay the fee in in ur Filing Fee in Installa	ypically, if you ubmitting you nstallments. nents (Officia	are paying the fee your payment on your be If you choose this opt If Form 103A).	ourself, you may pa half, your attorney tion, sign and attac	office in your local court for more details ay with cash, cashier's check, or money may pay with a credit card or check with the Application for Individuals to Pay illing for Chapter 7. By law, a judge may,
•	Have you filed for hankruntey	but i that	is not required to, waiv applies to your family	ve your fee, a size and you	and may do so only if y are unable to pay the	our income is less e fee in installment	s than 150% of the official poverty line s). If you choose this option, you must fill 33B) and file it with your petition.
9.	Have you filed for bankruptcy within the last 8 years?	$\square_{Yes.}$	District		When _	MM / DD / \\	Case number
						MM / DD / YYYY	
			District		When _	MM / DD / YYYY	Case number
			District		When _	MM / DD / YYYY	Case number
10.	Are any bankruptcy cases	✓ <sub>No.</sub>					
	pending or being filed by a spouse who is not filing this	☐Yes.	Debtor				Relationship to you
case with you, or by a business partner, or by an affiliate?			District			/ DD / YYYY	Case number, if known
			Debtor				Relationship to you
			District			/ DD / YYYY	Case number, if known

✓ Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

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f y r a li	Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as		No. G	o to Part 4.				
f y r a li	full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is			J 10 1 GIT 11				
y r a l F	you operate as an individual, and is		Yes. N	ame and location of busi	ness			
l:				of business, if any				-
	a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate		Numbe	er Street				-
	sheet and attach it to this petition.							-
			City			State	ZIP Code	
			_	the appropriate box to d	-			
				ealth Care Business (as				
			_	ngle Asset Real Estate ( tockbroker (as defined in				
			_	ommodity Broker (as defi	_	` ''		
			_	one of the above		. 3 . 5 . (6//		
y F	of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).	oper 11 U	rations, J.S.C. § No. No. Yes.	cash-flow statement, and statement,	d federal income chapter 11. oter 11, but I am oter 11 and I am	e tax return or if any or	attach your most recent balan of these documents do not exi ess debtor according to the de obtor according to the definition ds Immediate Attention	ist, follow the procedure in finition in the
		<b>√</b>	No.					
ļ a	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		Yes.	What is the hazard? _				
s 1	hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention is	needed, why is	it needed?		
ļ r	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number	Street		
					City		State	ZIP Code

Part 5:

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Middle Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

> Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

■ I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

l certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit

counseling because of: Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Par	t 6: Answer These Qu	uestions for	r Reporting Purposes	5						
16.	What kind of debts do yo	16a. <b>ou</b>			sumer debts? Consumer debts are defirsonal, family, or household purpose."	ined ir	n 11 U.S.C. § 101(8) as "incurred by			
	nave?		□ No. Go to line 16b.							
			✓ Yes. Go to line 17.							
		16b.			iness debts? Business debts are debts ugh the operation of the business or inv					
			No. Go to line 16c.							
			Yes. Go to line 17.							
		16c.	State the type of debts you	u owe	e that are not consumer debts or busines	ss del	ots.			
17.	Are you filing under Cha	pter 7?	No. I am not filing unde	r Cha	apter 7. Go to line 18.					
	Do you estimate that afte exempt property is exclude	, ,			r 7. Do you estimate that after any exem					
	and administrative expen	ises	<b>—</b>	tnat i	funds will be available to distribute to un	secur	ea creditors?			
	are paid that funds will be available for distribution									
	unsecured creditors?		☐ Yes	_						
		<b>1</b>			1,000-5,000		25,001-50,000			
18.	How many creditors do you estimate that you owe?	ou 🔟	50-99		5,001-10,000		50,000-100,000			
			100-199 200-999	_	10,001-25,000	_	More than 100,000			
		Ą			D #4 000 004 #40 . III		D #500 000 004 #41 UIII			
19.	How much do you estima		\$0-\$50,000 \$50,001-\$100,000		\$1,000,001-\$10 million \$10,000,001-\$50 million		□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion			
	your assets to be worth?		\$100,001-\$500,000		\$50,000,001-\$100 million		\$10,000,000,001-\$50 billion			
			\$500,001-\$1 million		\$100,000,001-\$500 million		More than \$50 billion			
		<b>√</b>	\$0-\$50,000		□ \$1,000.001-\$10 million		□ \$500,000,001-\$1 billion			
20.	How much do you estima	ate 🔲	\$50,001-\$100,000		□ \$10,000,001-\$50 million		□ \$1,000,000,001-\$10 billion			
	your liabilities to be?		\$100,001-\$500,000		□ \$50,000,001-\$100 million		□ \$10,000,000,001-\$50 billion			
			\$500,001-\$1 million		□ \$100,000,001-\$500 million		☐ More than \$50 billion			
Par	t 7: Sign Below									
For	you	I have evamine	ed this petition, and I declar	o una	der penalty of perjury that the information	n prov	rided is true and correct			
	•		•			•	apter 7, 11,12, or 13 of title 11, United States			
					ach chapter, and I choose to proceed ur		•			
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						ey to neip me fill out this document, I have				
		•		•	of title 11, United States Code, specifie		•			
					aling property, or obtaining money or pro nent for up to 20 years, or both. 18 U.S.0		by fraud in connection with a bankruptcy case 152, 1341, 1519, and 3571.			
		X lel Ver	dira Flores							
		-	Flores, Debtor 1							
		Execute	ed on <u>07/27/2018</u> MM/ DD/ YYYY	_						
			IVIIVI/ DD/ TTTT							

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Salvador J Lopez	Date <u>07/27/2018</u>
Salvador J Lopez, Attorney	MM / DD / YYYY
Salvador J Lopez	
rinted name	
Robson & Lopez LLC	
irm name	
180 W Washington St. 700	
Number Street	
Chicago	<u>IL 60602</u>
City	State ZIP Code
contact phone (312) 523-2166	Email address lopez@robsonlopez.com
6298522	

Fill in this information	to identify your case	and this filing:		27/18 17:15:08	Desc Main			
Debtor 1	Yadira	, and this filling.	Flores					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bankro	uptcy Court for the:	N	lorthern District of Illinois					
Case number					☐ Check if this is an amended filing			
Official Form	n 106A/B							
Schedule A	 A/B: Prop	erty			12/15			
fits best. Be as compl	ete and accurate as	possible. If two mar	ried people are filing together,		et in the category where you think it pplying correct information. If more nown). Answer every question.			
Part 1: Describe	e Each Residend	ce, Building, Land	d, or Other Real Estate Y	ou Own or Have an Interest	In			
1. Do you own or	1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?							
☑ No. Go to Pa	art 2.							
Yes. Where i	is the property?							
			ur entries from Part 1, includii		→			

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Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles M No ☐ Yes Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **✓** No Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Living room set, 2 beds, dining room set ✓ Yes. Describe....... \$300.00 7. **Electronics** Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Television, computer, 3 year old cell phone \$400.00 Yes. Describe...... Collectibles of value Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; Examples: stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **√** No Yes. Describe...... **Equipment for sports and hobbies** Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **√** No ☐ Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **√** No Yes. Describe......

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11.	Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	No Debtor's clothes and shoes.	\$200.00
12.	Jewelry  Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver  No  Yes. Describe  Costume Jewelry	\$50.00
13.	Non-farm animals  Examples: Dogs, cats, birds, horses  ✓ No  ☐ Yes. Describe	
14.	Any other personal and household items you did not already list, including any health aids you did not list  No	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$950.00
Par	rt 4: Describe Your Financial Assets	
	o you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Do	o you own or have any legal or equitable interest in any of the following?	portion you own? Do not deduct secured
Do	Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  No Yes	portion you own? Do not deduct secured claims or exemptions.
<b>Do</b>	Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  No Yes	portion you own? Do not deduct secured claims or exemptions.
<b>Do</b>	Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  No Yes	portion you own? Do not deduct secured claims or exemptions.
<b>Do</b>	Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  No Yes	portion you own? Do not deduct secured claims or exemptions.  \$50.00

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	First Name Middle Name D	រុ <u>ក្</u> ធម្មារ Page	11 01 62	,
	17.4. Savings account:			
	camigo account.			
	17.5. Certificates of deposit:			
	17.6. Other financial account:			_
	17.7. Other financial account:			_
	17.8. Other financial account:			
	17.9. Other financial account:			_
18.	Bonds, mutual funds, or publicly traded stocks			
	Examples: Bond funds, investment accounts with brokerage	firms, monev market accou	nts	
	<b>☑</b> No	o,ooyaot accom		
	☐ Yes			
19.	Non-publicly traded stock and interests in incorporated a an LLC, partnership, and joint venture	nd unincorporated busine	sses, including an interest in	
	<b>☑</b> No			
	Yes. Give specific information about them			
20.	Government and corporate bonds and other negotiable	nd non-negotiable instru	ments	
	Negotiable instruments include personal checks, cashiers' che Non-negotiable instruments are those you cannot transfer to	cks, promissory notes, and	money orders.	
	<b>☑</b> No			
	Yes. Give specific			
	information about			
	them			
21.	Retirement or pension accounts			
	Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b)	thrift savings accounts, or	other pension or profit-sharing plans	
	<b>☑</b> No			
	Yes. List each account			
	separately.			
22.	Security deposits and prepayments		_	
	Your share of all unused deposits you have made so that you	•		
	Examples: Agreements with landlords, prepaid rent, public unothers	lities (electric, gas, water),	telecommunications companies, or	
	☐ No ☑ Yes			
	Institution na	ne or individual:		
	Security deposit on rental unit: Ma	garita Barrera 4109 S Mo	ntgomery, 1, Chicago, IL 60632	\$550.00
23.	Annuities (A contract for a periodic payment of money to you  ✓ No	either for life or for a number	er of years)	
	<b>▼</b> NO			

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0.4									
24.	Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).								
	✓ No  ☐ Yes	<i>I</i> )( 1).							
25.	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit								
	No Yes. Give specific information about them								
26.	Patents, copyrights, trademarks, trade se	crets, and other intellectual property							
	Examples: Internet domain names, websi	es, proceeds from royalties and licensing agreements							
	✓ No  ☐ Yes. Give specific								
	information about them								
27.	Licenses, franchises, and other general in	ntangibles							
		enses, cooperative association holdings, liquor licenses,	,						
	√ No								
	Yes. Give specific information about them								
28.	Tax refunds owed to you								
	No								
	Yes. Give specific information about them, including whether you	2018   Prorated 2018 Tax Refund	Federal:	\$1,800.00					
	already filed the returns and the	2018   Prorated 2018 State Tax Refund	State:	\$96.00					
	tax years		Local:						
29.	Family support								
20.		spousal support, child support, maintenance, divorce set	ttlement, property settlement						
	<b>☑</b> No								
	☐ Yes. Give specific information		Alimony:						
			Maintenance:						
			Support:						
			Divorce settlement:						
			Property settlement:						
20	Other consequents as a second second second								
30.	Other amounts someone owes you  Examples: Unpaid wages, disability insura	ance payments, disability benefits, sick pay, vacation pay,	workers' compensation Social						
	Security benefits; unpaid loans		workers withpensation, social						
	<b>☑</b> No								
	Yes. Give specific information								

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31.	Interests in insurance policies	
51.	Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance	
	No	
	Yes. Name the insurance company	
	of each policy and list its value	
32.	Any interest in property that is due you from someone who has died	
	If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property	
	because someone has died.	
	☑ No	
	Yes. Give specific information	
	·	
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment	
	Examples: Accidents, employment disputes, insurance claims, or rights to sue	
	<b>☑</b> No	
	Yes. Describe each claim	
	Tes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights	
	to set off claims	
	<b>☑</b> No	
	Yes. Describe each claim	
35.	Any financial assets you did not already list	
	<b>√</b> No	
	Yes. Give specific information	
36	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached	
	for Part 4. Write that number here→	\$2,909.00
Par	t 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Pa	rt 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
· · ·	✓No. Go to Part 6.	
	Yes. Go to line 38.	
	Tes. Go to line 36.	
38.	Accounts receivable or commissions you already earned	
	□ No	
	Yes. Describe	
	Tes. Describe	
		<del></del>
39.	Office equipment, furnishings, and supplies	
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic	devices
	□ No □ Yes. Describe	
	Tes. Describe	

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Middle Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ Yes. Describe...... 41. Inventory ☐ No ☐ Yes. Describe...... 42. Interests in partnerships or joint ventures ☐ No ☐ Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe...... 44. Any business-related property you did not already list Yes. Give specific information..... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here......

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Middle Name Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No ☐ Yes..... 48. Crops—either growing or harvested □ No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list □ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **✓** No ☐ Yes. Give specific information..... \$0.00 List the Totals of Each Part of this Form

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55.	Part 1: Total real estate, line 2			→		\$0.00
56.	Part 2: Total vehicles, line 5		\$0.00			
57.	Part 3: Total personal and household items, line 15		\$950.00			
58.	Part 4: Total financial assets, line 36		\$2,909.00			
59.	Part 5: Total business-related property, line 45		\$0.00			
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00			
61.	Part 7: Total other property not listed, line 54	+	\$0.00			
62.	Total personal property. Add lines 56 through 61		\$3,859.00	Copy personal property total ->	+_	\$3,859.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62					\$3,859.00

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Fill in this information to identify your case:				
Debtor 1	Yadira		Flores	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		N	orthern District of Illinois	
Case number (if known)				

# Official Form 106C

# Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt						
<ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.</li> <li>✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)</li> <li>☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)</li> <li>For any property you list on Schedule A/B that you claim as exempt, fill in the information below.</li> </ol>						
Brief description of the property and line on Schedule A/B that lists this property portion you own Schedule A/B that lists this property Schedule						
Concedure 745 that hold this property	Copy the value from Schedule A/B	Check only one box for each exemption.				
Brief description: <u>Living room set</u> , 2 beds, dining room set  Line from  Schedule A/B:  6	\$300.00	☐ 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)			
Brief description:  Television, computer, 3 year old cell phone  Line from  Schedule A/B:7	\$400.00	100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)			
<ul> <li>3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)</li> <li>✓ No</li> <li>☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?</li> <li>☐ No</li> <li>☐ Yes</li> </ul>						

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Debtor 1

Part 2: Additional Page

Document

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Yadira Flores Case number (if known) First Name Middle Name Last Name

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:			735    CS 5/42 1001(a) (a)
Debtor's clothes and shoes.	\$200.00	100% of fair market value, up to	735 ILCS 5/12-1001(a), (e)
Line from Schedule A/B: 11		any applicable statutory limit	
Brief description:		-A	
Costume Jewelry	\$50.00	\$50.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 12		□ 100% of fair market value, up to any applicable statutory limit	
Brief description:		<b>-</b>	
Cash	\$50.00	\$50.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 16		100% of fair market value, up to any applicable statutory limit	
Brief description:			
TCF National Bank	\$413.00	✓ 100% of fair market value, up to	735 ILCS 5/12-1001(b)
Checking account		■ 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:17		, ,,	
Brief description:			705    00 5/40 4004/1 \
Margarita Barrera 4109 S Montgomery, 1, Chicago,	\$550.00	☐ 100% of fair market value, up to	735 ILCS 5/12-1001(b)
IL 60632 Prepaid rent		✓ 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 22			
Brief description:			705    00 5 (40 4004 (1))
Prorated 2018 Tax Refund Federal tax	\$1,800.00	100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 28		ану арунсаоне зтанию у шти	
Brief description:			725    00 5/40 4004/5
Prorated 2018 State Tax Refund State tax	\$96.00	100% of fair market value, up to	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 28		any applicable statutory limit	

Fill in this information	to identify your case:	1 -		27/1	L8 17:15:08	Desc Main	
Debtor 1	Yadira		Flores				
	First Name Mic	ddle Name	Last Name				
Debtor 2							
(Spouse, if filing)		ddle Name	Last Name				
United States Bankr	uptcy Court for the:	ı	Northern District of Illinois				
Case number (if known)						Check if this is a amended filing	ın
Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property  12/15 Se as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if nown).  Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below.							
Part 1: List All S		(h	and the later than the same discourse and the form	!.	O-1 A	O-1 D	0-10
claim. If more tha		ar claim, list t	cured claim, list the creditor separately for he other creditors in Part 2. As much as pr's name.		Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe	e the property that secures the claim:				
City  Who owes the d Debtor 1 only Debtor 2 only Debtor 1 and I At least one of Check if this community d	Debtor 2 only f the debtors and another claim relates to a lebt	Conti	uidated  ited  of lien. Check all that apply.  greement you made (such as mortgage or red car loan)  tory lien (such as tax lien, mechanic's lien)  ment lien from a lawsuit				
Date debt was incurred			r (including a right to offset)				

Last 4 digits of account number \_\_\_\_ \_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

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Pa	art 1:	Additional Page After listing any entries on with 2.3, followed by 2.4, a	this page, number them beginning nd so forth.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.2			Describe the property that secures the claim:			
	Creditor	's Name				
	Number Street		As of the date you file, the claim is: Check all that apply.			
	City	State ZIP Code	☐ Contigent			
	Who o	wes the debt? Check one.	Unlquidated			
	Deb	tor 1 only	Disputed			
	Deb	tor 2 only	Nature of lien. Check all that apply.			
	_	tor 1 and Debtor 2 only ast one of the debtors and another	An agreement you made (such as mortgage or secured car loan)			
		ck if this claim relates to a	☐ Statutory lien (such as tax lien, mechanic's lien)			
		nmunity debt	Judgment lien from a lawsuit			
	Date debt was incurred		Other (including a right to offset)			
			Last 4 digits of account number			
	Add th	ne dollar value of your entries in Colum	nn A on this page. Write that number here:	\$0.00		
	If this i	is the last page of your form, add the c	Iollar value totals from all pages. Write that number	\$0.00		

Fill in this information to	identification const			<b>2</b> 7/18 17:15:08	Desc Main	1		
Fill in this information to	dentily your case:			<b>P</b>				
Debtor 1	Yadira		Flores					
	First Name	Middle Name	Last Name					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name					
(Opodoo, ii iiiiig)	i iist ivaille	Middle Name	Last Name					
United States Bankrup	otcy Court for the:	1	Northern District of Illinois					
Case number (if known)					Check if this amended filir			
Official Form	106E/F							
Schedule E	:/F: Credit	ors Who	Have Unsecured CI	aims		12/15		
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims								
	1. Do any creditors have priority unsecured claims against you?  V No. Go to Part 2.  Yes.							
identify what type of possible, list the classible Part 1. If more than	2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)							
				Total claim	Priority amount	Nonpriority amount		
	N		Last 4 digits of account number					
Priority Creditor's	name		When was the debt incurred?					
Number S	treet		As of the date you file, the claim is: Che apply.  Contingent	ck all that				
			Unliquidated					
City <b>Who incurred t</b>	State :he debt? Check one	ZIP Code	☐ Disputed					
Debtor 1 onl	,		Type of PRIORITY unsecured claim:  Domestic support obligations					
☐ Debtor 2 onl☐ Debtor 1 and			Taxes and certain other debts you own	e the				
	d Debtor 2 only of the debtors and an	other	government	0 4.0				
	s claim is for a com		Claims for death or person injury while	le you were				
Is the claim sub No Yes		•	intoxicated  Other. Specify					

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Part	2: List All of Your NONPRIORITY Unsecured Cla	aims	
	Do any creditors have nonpriority unsecured claims against you not		
1	unsecured claim, list the creditor separately for each claim. For each	al order of the creditor who holds each claim. If a creditor has more th ach claim listed, identify what type of claim it is. Do not list claims alread in Part 3. If you have more than three nonpriority unsecured claims fill ou	y included in Part 1. If more
			Total claim
4.1	ERC	Last 4 digits of account number 0XXX	\$403.00
	Nonpriority Creditor's Name	When was the debt incurred? 06/08/2015	
	Po Box 57547	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Jacksonville, FL 32241-7547	Unliquidated	
	City State ZIP Code	☐ Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Debtor 1 only	☐ Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or	
	<ul><li>☑ Debtor 1 and Debtor 2 only</li><li>☑ At least one of the debtors and another</li></ul>	divorce that you did not report as priority claims	
	_	Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts ☑ Other. Specify	
	Is the claim subject to offset?  ✓ No	Cities Specify	
	¥ No ☐ Yes		
	Yes		40.40.00
4.2	HY CITE CORP/ROYAL PRESTIGE	Last 4 digits of account number XXXX	\$640.00
	Nonpriority Creditor's Name	When was the debt incurred? 04/29/2015	
	333 Holtzman Rd Number Street	— As of the date you file, the claim is: Check all that apply.	
	Madison, WI 53713	☐ Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	☐ At least one of the debtors and another	divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts	
	Is the claim subject to offset?	✓ Other. Specify	
	☑ No		
	☐ Yes		
4.3	I C SYSTEM INC	Last 4 digits of account number XXXX	\$56.00
4.5	Nonpriority Creditor's Name	<u> </u>	
	PO Box 64378	When was the debt incurred? 02/17/2014	
	Number Street	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>Contingent</li> </ul>	
	Saint Paul, MN 55164	<ul><li>─ ☐ Unliquidated</li></ul>	
	City State ZIP Code	☐ Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	☑ Debtor 1 only	Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or	
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts	
	Is the claim subject to offset?	☑ Other. Specify	
	☑ No		
	☐ Yes		

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Debtor 1

First Name Middle Name

Last Name

Dorchanent Page 23 of 62 Case number (if known)

er listing any entries on this page, number them beginning v	with 4.5, followed by 4.6, and so forth.	Total claim
Midland Funding	Local A digita of account number	\$359.
Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred? 10/31/2013	
2365 Northside Dr # 300		
Number Street	As of the date you file, the claim is: Check all that apply.	
San Diego, CA 92108-2709	Contingent	
City State ZIP Code	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or</li> </ul>	
☐ At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim subject to offset?	☑ Other. Specify	
<b>☑</b> No		
☐ Yes		
Midland Funding	Last 4 digits of account number XXXX	\$1,252.
Nonpriority Creditor's Name	When was the debt incurred? 03/31/2016	
2365 Northside Dr # 300	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
San Diego, CA 92108-2709	Unliquidated	
City State ZIP Code	•	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
☐ Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	☑ Other. Specify	
☑ No	— Striot. Spoonly	
☐ Yes		
		\$743.
Portfolio Recovery Associates Nonpriority Creditor's Name	Last 4 digits of account number XXXX	
' '	When was the debt incurred? 08/15/2014	
120 Corporate BLVD STE 100  Number Street	As of the date you file, the claim is: Check all that apply.	
Norfolk , VA 23502	☐ Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	Disputed	
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or</li> </ul>	
	divorce that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other	
☐ Check if this claim is for a community debt	similar debts	
Is the claim subject to offset?	Other. Specify	
☑ No		
☐ Yes		

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Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim \$728.00 4.7 **Portfolio Recovery Associates** Last 4 digits of account number XXXX Nonpriority Creditor's Name When was the debt incurred? 05/27/2014 120 Corporate BLVD STE 100 As of the date you file, the claim is: Check all that apply. Number □ Contingent Norfolk, VA 23502 State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other Check if this claim is for a community debt similar debts **☑** Other. Specify Is the claim subject to offset? **☑** No ☐ Yes \$916.00 4.8 **Portfolio Recovery Associates** Last 4 digits of account number XXXX Nonpriority Creditor's Name When was the debt incurred? 07/21/2015 120 Corporate BLVD STE 100 As of the date you file, the claim is: Check all that apply. Number Street Contingent Norfolk, VA 23502 Unliquidated City State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☐ Debtor 1 only ☐ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims ☐ At least one of the debtors and another Debts to pension or profit-sharing plans, and other Check if this claim is for a community debt similar debts ✓ Other. Specify Is the claim subject to offset?

**☑** No Yes

Remarks: Wage Deduction Case No. 16 M1 112753

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Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim \$1,039.00 4.9 TD BANK USA/ TARGET CREDIT Last 4 digits of account number XXXX Nonpriority Creditor's Name When was the debt incurred? 09/03/2005 **PO BOX 673** As of the date you file, the claim is: Check all that apply. Number Street □ Contingent MINNEAPOLIS, MN 55440 State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other Check if this claim is for a community debt similar debts **☑** Other. Specify Is the claim subject to offset? **☑** No ☐ Yes \$457.00 4.10 TD BANK USA/ TARGET CREDIT Last 4 digits of account number XXXX Nonpriority Creditor's Name When was the debt incurred? 05/19/2011 **PO BOX 673** As of the date you file, the claim is: Check all that apply. Number Street Contingent **MINNEAPOLIS, MN 55440** Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only ☐ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims

> similar debts ✓ Other. Specify

Debts to pension or profit-sharing plans, and other

☐ At least one of the debtors and another

Is the claim subject to offset?

**☑** No ☐ Yes

Check if this claim is for a community debt

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Page 26 of 62 **Domaken**ent Yadira Case number (if known) First Name Middle Name Last Name

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim \$1.00 4.11 University of Illinois Hospital & Health Sciences System Last 4 digits of account number 0369 Nonpriority Creditor's Name When was the debt incurred? 03/27/2018 **Legal Department** As of the date you file, the claim is: Check all that apply. 7705 Solution Center Contingent Number Unliquidated Chicago, IL 60677-0001 **☑** Disputed City ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or Debtor 2 only divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other At least one of the debtors and another similar debts ✓ Other. Specify Check if this claim is for a community debt Is the claim subject to offset? **☑** No Remarks: Dept of Revenue seized tax returns for alleged debt, however creditor statement lists zero balance. \$334.00 4.12 **University of Illinois Hospital Patient Accounts** Last 4 digits of account number 3726 Nonpriority Creditor's Name When was the debt incurred? Po Box 12199 As of the date you file, the claim is: Check all that apply. Number Street Contingent Chicago, IL 60612-0199 ZIP Code Unliquidated **☑** Disputed Who incurred the debt? Check one. ☐ Debtor 1 only Type of NONPRIORITY unsecured claim: ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other ☐ Check if this claim is for a community debt

similar debts

☑ Other. Specify

Is the claim subject to offset?

Remarks: Dept of Revenue seized tax returns for alleged debt,

however creditor statement lists zero balance

**☑** No ☐ Yes Case 18-21167 Doc 1 Filed 07/27/18 Entered 07/27/18 17:15:08 Desc Main

Debtor 1 Yadira Dorches Page 27 of 62 Case number (if known) Last Name

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim \$192.00 4.13 **University of Illinois Hospital Patient Accounts** Last 4 digits of account number 3726 Nonpriority Creditor's Name When was the debt incurred? 04/11/2018 Po Box 12199 As of the date you file, the claim is: Check all that apply. Number Street Contingent Chicago, IL 60612-0199 Unliquidated State ZIP Code **☑** Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other ☐ Check if this claim is for a community debt similar debts

**☑** Other. Specify

Is the claim subject to offset?

Remarks: Dept of Revenue seized tax returns for alleged debt,

however creditor statement lists zero balance.

✓ No ☐ Yes

Part 3:

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Case number (if known)

First Name Middle Name Last Name

List Others to Be Notified About a Debt That You Already Listed

agency is tryi if you have m	ng to collect from nore than one cred	you for a debt y itor for any of t	you owe to so the debts that	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection omeone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, it you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons r submit this page.			
	enmiller, Leibsker	· & Moore, LLC	;	On which entry in Part 1 or Part 2 did you list the original creditor?			
Name				Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims			
Bankrupto	•			✓ Part 2: Creditors with Nonpriority Unsecured Claims			
10 S. LaSa				Part 2: Creditors with Nonphority Unsecured Claims			
Number	Street			Last 4 digits of account number 2753			
Chicago, I	L 60603	State	ZIP Code				
Ony		Olalo	211 0000				
PRA - In F	louse Counsel			On which entry in Part 1 or Part 2 did you list the original creditor?			
Name				Line <b>4.8</b> of ( <i>Check one</i> ):  Part 1: Creditors with Priority Unsecured Claims			
	S. Jutla / Kevin E	gan / Kirsten l	L. Pepper				
120 Corpo				Part 2: Creditors with Nonpriority Unsecured Claims			
Number	Street			Last 4 digits of account number , IL			
Norfolk, V	A 23502	State	ZIP Code	<del></del>			
City		State	ZIP Code				
Name				One which entry in Part 1 or Part 2 did you list the original creditor?			
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims			
				Last 4 digits of account number			
City		State	ZIP Code				
<u>-</u>							
				One which entry in Part 1 or Part 2 did you list the original creditor?			
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims			
Niverban	Ctt			Part 2: Creditors with Nonpriority Unsecured Claims			
Number	Street			Part 2. Creditors with Nonphority Onsecured Claims			
				Last 4 digits of account number			
0.1			710.0.1				
City		State	ZIP Code				
				One which entry in Part 1 or Part 2 did you list the original creditor?			
Name							
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims			
				Last 4 digits of account number			
				Last 4 digits of account number			
City		State	ZIP Code				
				One within autoria Boot A or Boot O Hit was Bottle 1991 1992			
Nom-				One which entry in Part 1 or Part 2 did you list the original creditor?			
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims			
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims			
				<u> </u>			
				Last 4 digits of account number			
City		State	ZIP Code				
,			0000				
				One which entry in Part 1 or Part 2 did you list the original creditor?			
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims			
				· · · · · · · · · · · · · · · · · · ·			
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims			
-				Last 4 digits of account number			
City		State	ZIP Code				

Filed 07/27/18 Entered 07/27/18 17:15:08 Desc Main Case 18-21167 Doc 1 Debtor 1

Page 29 of 62 Domades nent Yadira Case number (if known) \_ Last Name

First Name Middle Name

Part 4: Add	the Amounts for Each Type of Unsecured Claim				
	nounts of certain types of unsecured claims. This information is ecured claim.	s for s	tatist	ical reporting purposes only. 28 U.S.C	; §159. Add the amounts for each
				Total claim	
Total claims	6a. Domestic support obligations	6a.		\$0.00	
from Part 1	6b. Taxes and certain other debts you owe the government	6b.		\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.		\$0.00	
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+	\$0.00	
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.		\$0.00	
				Total claim	
Total claims	6f. Student loans	6f.		\$0.00	
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.		\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.		\$0.00	
	<ol><li>Other. Add all other nonpriority unsecured claims.</li><li>Write that amount here.</li></ol>	6i.	+	\$7,120.00	1
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.		\$7,120.00	

Fill in this information	to identify your case:			7/18 17.15.08	Desc Main
Debtor 1	Yadira		Flores		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankru	uptcy Court for the:	N	orthern District of Illinois		
Case number (if known)					Check if this is an amended filing

### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whor	m you hav	e the contract or lease	State what the contract or lease is for
2.1	Margarita	Barrera			Month to Month Lease on Rented Apartment
	Name	Barrora			<del>_</del>
	4109 S M	ontgomery Ave 1			
	Number	Street			<del></del>
	Chicago,	IL 60632			<u>_</u>
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	

					₩07/10 17·1E·00	Dogo Main
Fill in this inforr	mation to identify your case:				27/18 17:15:08	Desc Main
Debtor 1	Yadira		Flores			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing	ng) First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:		Northern District of Illi	nois		
Case number (if known)						Check if this is an amended filing
Official F	Form 106H					
Schedu	ıle H: Your Co	odebtors				12/15
both are equally		g correct informatio	on. If more space is nee	eded, copy the Ad	ditional Page, fill it out, and	o married people are filing together, I number the entries in the boxes or ı). Answer every question.
1. Do you hav	ve any codebtors? (If you a	re filing a joint case,	do not list either spous	e as a codebtor.)		
✓No						
Yes						
	last 8 years, have you lived Nevada, New Mexico, Puert				operty states and territories i	nclude Arizona, California, Idaho,
<b>✓</b> No. Go	to line 3.					
Yes. Did	d your spouse, former spouse	e, or legal equivalent	live with you at the time	e?		
□No						
☐Yes.	In which community state or	territory did you live	?	Fill	in the name and current ad	dress of that person.
Nam	ne				-	
Num	ber Street				-	
City		State ZIP Code			-	
codebtor o		antor or cosigner. I	Make sure you have lis	sted the creditor o	n <i>Schedule D</i> (Official Forr	erson shown in line 2 again as a n 106D), <i>Schedule E/F</i> (Official
Column 1: Y	Your codebtor				Column 2: The creditor to w	rhom you owe the debt
					Check all schedules that a	pply:
3.1					Schedule D. line	

page 1 of 1 Official Form 106H Schedule H: Your Codebtors

Name

Number

City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_ Schedule G, line

	in this information	idaaii					<b>1</b> 27/18 1	L7:15:08	Desc M	ain	
FIII	in this information to	identify your case		· · · · · · · · · · · · · · · · · · ·	· ug	J					
D	ebtor 1	Yadira First Name		Flores .ast Name							
D	ebtor 2	· iiot riaiiio		adt Hamb							
	pouse, if filing)	First Name	Middle Name L	ast Name				Check	if this is:		
U	nited States Bankrup	tcy Court for the:	North	ern District of Illi	inois			_	amended filing	_	
_	ase number _ known)								ipplement sho oter 13 incom		stpetition ne following date
								MM	/ DD / YYYY	,	
Of	ficial Form	106I									
	chedule I:		rome								12/15
nfo spo addi	rmation. If you are nuse is not filing with	narried and not fi you, do not inclu our name and cas	. If two married people ar ling jointly, and your spo Ide information about you se number (if known). Ans	use is living with ur spouse. If mor	you, in re spac	clude inforr	nation about	t your spouse. I	f you are sep	parated a	nd your
1.	Fill in your employr information.	ment		Debtor	1			Debt	or 2 or non-f	iling spo	ouse
	Maria harrana arang dha	a a a a tab	F	<b>✓</b> Employed	i			Employ	/ed		
	If you have more tha attach a separate pa information about ac employers.	age with	Employment status	Not Emple				□ <sub>Not En</sub>			
	, ,	paganal or	Occupation								
	Include part time, se self-employed work.		Employer's name	Target Corpo	oration						
	Occupation may inclor homemaker, if it a		Employer's address	Po Box 9315 Number Stre	eet			Number S	Street		
				1000 Nicolle	t Mall						
				Minneapolis,	, MN 55	5440-9315 State	Zip Code	City		State	Zip Code
			How long employed ther	e?			·			_	·
Pa	ort 2: Give Deta	ils About Mon	thly Income								
	Estimate monthly i are separated.	ncome as of the	date you file this form. If y	ou have nothing t	o repor	t for any line	, write \$0 in th	ne space. Includ	e your non-fili	ing spous	se unless you
	If you or your non-fili attach a separate sh		ore than one employer, co	mbine the informa	ition for	all employer	rs for that pers	son on the lines	below. If you	need moi	re space,
						For	Debtor 1	For Debtor non-filing s			
2.			d commissions (before all ate what the monthly wage		2.	:	\$2,665.12		\$0.00		
3.	Estimate and list m	nonthly overtime	рау.		3.	+	\$0.00_	+	\$0.00		

\$2,665.12

\$0.00

4. Calculate gross income. Add line 2 + line 3.

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				For Debtor 1		For Debtor 2 or non-filing spouse			
	Copy line 4 here→	4.		\$2,665.12		\$0.00			
5.	List all payroll deductions:								
	5a. Tax, Medicare, and Social Security deductions	5a.		\$395.12		\$0.00			
	5b. Mandatory contributions for retirement plans	5b.		\$0.00		\$0.00			
	5c. Voluntary contributions for retirement plans	5c.		\$0.00		\$0.00			
	5d. Required repayments of retirement fund loans	5d.		\$0.00		\$0.00			
	5e. Insurance	5e.		\$0.00		\$0.00			
	5f. Domestic support obligations	5f.		\$42.90		\$0.00			
	5g. Union dues	5g.		\$0.00		\$0.00			
	5h. Other deductions. Specify: See additional page	5h.	+	\$1.05	4	<b>+</b> \$0.00			
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.		\$439.07		\$0.00			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$2,226.05		\$0.00			
8.	List all other income regularly received:								
	8a. Net income from rental property and from operating a business, profession, or farm								
	Attach a statement for each property and business showing gross receipts,								
	ordinary and necessary business expenses, and the total monthly net income.	8a.		\$0.00		\$0.00			
	<ul><li>8b. Interest and dividends</li><li>8c. Family support payments that you, a non-filing spouse, or a dependent</li></ul>	8b.		\$0.00		\$0.00			
	regularly receive								
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	90		\$0.00		\$0.00			
	8d. Unemployment compensation	8c.		\$0.00		\$0.00			
	8e. Social Security	8d. 8e.		\$0.00		\$0.00			
	8f. Other government assistance that you regularly receive	oe.							
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
	Specify: Other Government Assistance-Food Stamp (SNAP) benefits	8f.		\$265.00		\$0.00			
	8g. Pension or retirement income	8g.		\$0.00		\$0.00			
	8h. Other monthly income. Specify:	8h.	+	\$0.00	4	<b>+</b> \$0.00			
9.	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.		\$265.00	] [	\$0.00			
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.		\$2,491.05	+ [	\$0.00	_ =	<b>=</b>	\$2,491.05
11.	State all other regular contributions to the expenses that you list in Schedule.	J.					_		
	Include contributions from an unmarried partner, members of your household, your driends or relatives.		ents, you	ır roommates, ar	nd oth	ner			
	Do not include any amounts already included in lines 2-10 or amounts that are not a	vailable	to pay e	expenses listed i	n <i>Sch</i>	nedule J.			
	Specify:				_	11.	+_		\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result amount on the Summary of Your Assets and Liabilities and Certain Statistical Information			•	me. W	Vrite that	2.		\$2,491.05
								Combin	
13.	Do you expect an increase or decrease within the year after you file this form?							monthly	income
13.	✓ No.								
	Yes. Explain:								

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	Amount
5h. Other Deductions For Debtor 1	\$8.36
3f. Other government assistance that you regularly receive For Debtor 1	
Other Government Assistance-Food Stamp (SNAP) benefits	\$265.00

				40	27/18 17:15:08	Desc Main
Fill	in this information to ident	ify your case:				Desc Main
D		<b>dira</b> t Name	Flores  Middle Name Last Name		Check if this is:	
D	ebtor 2				An amended filing	
		t Name	Middle Name Last Name		☐ A supplement show	ving postpetition
U	nited States Bankruptcy Co	ourt for the:	Northern District	of Illinois		as of the following date:
_	ase number known)				MM / DD / YYYY	_
) Of	ficial Form 10	6J				
30	chedule J: Y	our Ex	penses			12/15
			If two married people are filing toge On the top of any additional pages,			
Ра	rt 1: Describe Your	Household				
1.	Is this a joint case?					
	✓No. Go to line 2.					
	Yes. Does Debtor 2 li	-		parata Usurahald of Dahlar	2	
_			fficial Form 106J-2, Expenses for Sep	parate Housenold of Debtor I	Z	
2.	Do you have dependent Do not list Debtor 1 and Debtor 2.	is?	☐ No ☑ Yes. Fill out this information for	Dependent's relationship	p to Dependent age	's Does dependent live with you?
	Do not state the dependent	nts' names.	each dependent	Desici 1 of Desici 2	ugo	No.
	•			Child	11	<b>☑</b> Yes.
						— □No □Yes
						□No
						— □Yes □No
						— Yes
						□ No □ You
		-	<b>-4</b>			Yes
3.	Do your expenses included for people other than you your dependents?	•	<b>☑</b> No □ Yes			
Pa	art 2: Estimate Your	Ongoing N	Monthly Expenses			
		of your bankr	uptcy filing date unless you are usi	ng this form as a suppleme	ent in a Chapter 13 case t	to report expenses as of a date after
			nental Schedule J, check the box at			
			government assistance if you know Schedule I: Your Income (Official Fo			Your expenses
4.	The rental or home own ground or lot.	ership expens	ses for your residence. Include first n	nortgage payments and any	rent for the 4.	\$700.00
	If not included in line 4:					
	4a. Real estate taxes				4a.	\$0.00
	4b. Property, homeowner	's. or renter's i	insurance		4b.	\$0.00

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

4c.

4d.

\$0.00

\$0.00

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Middle Name

		Your expenses
. Additional mortgage payments for your residence, such as home equity loans	5	
. Utilities:		
6a. Electricity, heat, natural gas	6a	\$250.00
6b. Water, sewer, garbage collection	6b	\$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$150.00
6d. Other. Specify:	6d.	\$0.00
Food and housekeeping supplies	7.	\$600.00
. Childcare and children's education costs	8.	\$90.00
. Clothing, laundry, and dry cleaning	9.	\$200.00
0. Personal care products and services	10.	\$80.00
Medical and dental expenses	11.	\$90.00
<ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>	12.	\$200.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$120.00
Charitable contributions and religious donations	14.	\$40.00
<ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>		
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$0.00
15d. Other insurance. Specify:	15d	\$0.00
<ol> <li>Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.</li> <li>Specify:</li> </ol>	16.	\$0.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a	
17b. Car payments for Vehicle 2	17b	
17c. Other. Specify:	17c	
17d. Other. Specify:	17d	
<ol> <li>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</li> </ol>	18.	\$0.00
9. Other payments you make to support others who do not live with you.  Specify:	19.	\$0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$0.00
20b. Real estate taxes	20b.	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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21.	Other. Spec	ify:	21.	<b>+</b> \$0.00
22.	Calculate yo	our monthly expenses.		
	22a. Add line	es 4 through 21.	22a.	\$2,520.00
	22b. Copy lir	ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$0.00
	22c. Add line	e 22a and 22b. The result is your monthly expenses.	22c.	\$2,520.00
23.	Calculate ye	our monthly net income.		
	23a. Copy lir	ne 12 (your combined monthly income) from Schedule I.	23a.	\$2,491.05
	23b. Copy yo	our monthly expenses from line 22c above.	23b.	<b>-</b> \$2,520.00
	23c. Subtrac	t your monthly expenses from your monthly income.		(4
	The re	sult is your monthly net income.	23c.	(\$28.95)
24.	Do you exp	ect an increase or decrease in your expenses within the year after you file this form?		
		e, do you expect to finish paying for your car loan within the year or do you expect your ayment to increase or decrease because of a modification to the terms of your mortgage?		
	<b>✓</b> No.	None		
	☐Yes.			

Fill in this information	to identify your case:			27/18 17:15:0	8 Desc Main
Debtor 1	Yadira First Name	Middle Name	Flores Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankru Case number	uptcy Court for the:	N	orthern District of Illinois		☐ Check if this is an
Official Form	106Sum				amended filing
	of Your A	ssets and	Liabilities and	d Certain Statis	tical

mormation

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	Your assets Value of what you own  \$0.00  \$3,859.00  \$3,859.00
	Your liabilities Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>+</b> \$7,120.00
Your total liabilities	\$7,120.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$2,491.05
5. Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J	\$2,520.00

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Answer These Questions for Administrative and Statistical Records 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. **√**1 Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income. Copy your total current monthly income from Official \$1,490.85 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority \$0.00 claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$0.00 9g. Total. Add lines 9a through 9f. \$0.00

Debtor 1

Fill in this information	to identify your case:				7/18 17.15.08	Desc Main
Debtor 1	Yadira		Flores			
	First Name	Middle Name	Last Name	_		
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankru	uptcy Court for the:	N	orthern District of Illinois			
Case number (if known)						Check if this is an amended filing

#### Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	DT an attorney to help you fill out bankruptcy forms?
0	Attack Banks are Deffine Banks and Metics Banks and Cinnet
es. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
er penalty of perjury, I declare that I have rea	ad the summary and schedules filed with this declaraion and that they are true and correct.

tor 1	Yadira First Name	Middle Name	Flores Last Name			
10	Filst Name	wildule Name	Last Name			
tor 2 ouse, if filing)	First Name	Middle Name	Last Name			
ed States Bank	ruptcy Court for the:		Northern District of III	linois		
e number	,					☐ Check if this is an
iown)		_				amended filing
cial Forr	n 107					
itemen	t of Financ	cial Affai	rs for Indiv	iduals Filing	for Bankı	ruptcy
						rrect information. If more spa
Married	rent marital status?					
Married  Not married		anywhere other th	nan where you live now	?		
Married Not married  uring the last 3	years, have you lived	-	o not include where you  Dates Debtor 1 lived			Dates Debtor 2 liv
Married Not married  Iring the last 3 No Yes. List all of	years, have you lived	-	o not include where you	live now.  Debtor 2:		there
Married Not married  Iring the last 3 No Yes. List all of	years, have you lived	the last 3 years. D	o not include where you  Dates Debtor 1 lived there	live now.		there  Same as Debtor
Married Not married  Iring the last 3 No Yes. List all of	years, have you lived the places you lived in	the last 3 years. D	o not include where you  Dates Debtor 1 lived there	live now.  Debtor 2:		there  Same as Debtor  From
Married Not married  Iring the last 3 No Yes. List all of Debtor 1:	years, have you lived the places you lived in	the last 3 years. D	o not include where you  Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1		there  Same as Debtor
Married Not married  Iring the last 3 No Yes. List all of Debtor 1:	years, have you lived the places you lived in	the last 3 years. D	o not include where you  Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1	State ZIP C	there  Same as Debtor  From  To
Married Not married  Iring the last 3 No Yes. List all of Debtor 1:	years, have you lived the places you lived in	the last 3 years. D	o not include where you  Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street  City	State ZIP C	there Same as Debtor From To Code
Married Not married  Iring the last 3 No Yes. List all of Debtor 1:	years, have you lived the places you lived in	the last 3 years. D	o not include where you  Dates Debtor 1 lived there  From To	Debtor 2:  Same as Debtor 1  Number Street	State ZIP C	there  Same as Debtor  From  To  Code  Same as Debtor
Married Not married  Iring the last 3 No Yes. List all of Debtor 1:	years, have you lived the places you lived in et	the last 3 years. D	o not include where you  Dates Debtor 1 lived there  From  From	Debtor 2:  Same as Debtor 1  Number Street  City	State ZIP C	there Same as Debtor From To Code
Married Not married  Iring the last 3 No Yes. List all of Debtor 1:  Number Stree  City	years, have you lived the places you lived in et	the last 3 years. D	o not include where you  Dates Debtor 1 lived there  From To	Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP C	there  Same as Debtor  From  To  Code  Same as Debtor  From
Married Not married  Iring the last 3 No Yes. List all of Debtor 1:  Number Stree  City	years, have you lived the places you lived in et	the last 3 years. D	o not include where you  Dates Debtor 1 lived there  From  From	Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP C	there  Same as Debtor  From  To  Sode  Same as Debtor  From  To  To

**√** No

☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1

Fill in the total amount of inco					
Fill in the total amount of income of you are filing a joint case and No Yes. Fill in the details.  From January 1 of current date you filed for bankrup.  For last calendar year:  (January 1 to December 31.)	rces of Your II	ncome			
Yes. Fill in the details.  From January 1 of current date you filed for bankrup  For last calendar year: (January 1 to December 31.	ome you received	I from all jobs and all business	es during this year or the two ses, including part-time activitie st it only once under Debtor 1.		
From January 1 of current date you filed for bankrup.  For last calendar year: (January 1 to December 31)  For the calendar year before					
For last calendar year: (January 1 to December 31)  For the calendar year before					
For last calendar year: (January 1 to December 31)  For the calendar year before		Debtor 1		Debtor 2	
For last calendar year: (January 1 to December 31)  For the calendar year before		Sources of income	Gross Income	Sources of income	Gross Income
For last calendar year: (January 1 to December 31)  For the calendar year before		Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
For last calendar year: (January 1 to December 31)  For the calendar year before		✓ Wages, commissions, bonuses, tips	\$8,958.34	☐ Wages, commissions, bonuses, tips	
(January 1 to December 31.	.oy.	Operating a business		Operating a business	
For the calendar year before	0047	☑ Wages, commissions, bonuses, tips	\$27,412.00	☐ Wages, commissions, bonuses, tips	
•	, <u>2017</u> ) YYYY	Operating a business		Operating a business	
(January 1 to December 31.		☑ Wages, commissions, bonuses, tips	\$18,423.00	☐ Wages, commissions, bonuses, tips	
	, <u>2016</u> ) YYYY	Operating a business		Operating a business	
Include income regardless of payments; pensions; rental in have income that you receive	whether that inconcome; interest; ded together, list it concome	ividends; money collected from only once under Debtor 1.	ther income are alimony; child s	oling and lottery winnings. If y	mployment, and other public ber ou are filing a joint case and yo
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each csoure (before deductions and exclusions)
From January 1 of current date you filed for bankrup					
For last calendar year:					
(January 1 to December 31	, <u>2017</u> )				

For the calendar year before that: (January 1 to December 31, 2016 YYYY)

No.	ci Debioi i 3 di Debioi 2 3 debio primarily	consumer debts?	for Bankruptcy		
	Neither Debtor 1 nor Debtor 2 has prim	•		I in 11 U.S.C. § 101(8) as "inc	curred by an
	individual primarily for a personal, family, During the 90 days before you filed for ba			r more?	
	No. Go to line 7.	Tiki apicy, ala you pay e	iny dicardi a total of \$0,420° 0	i more:	
	Yes. List below each creditor to who	m you paid a total of \$6	6 425* or more in one or more	navments and the total amou	nt you paid that
	creditor. Do not include payments to an attorney for this	ents for domestic supp			
	* Subject to adjustment on 4/01/19 and ev	. ,	or cases filed on or after the da	ate of adjustment.	
<b>1</b> ∕1Yes.	Debtor 1 or Debtor 2 or both have prim	narily consumer debt	s.		
	During the 90 days before you filed for ba	-		nore?	
	✓No. Go to line 7.				
	Yes. List below each creditor to who payments for domestic support this bankruptcy case.				
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
		1.7			☐Mortgage
	Creditor's Name	<u> </u>	_		Car
	Creditor's Name		_		Credit card
	Number Street	_			Loan repayment
			_		Suppliers or vendors
		<u> </u>			Other
		e			
	City State ZIP Cod				
	City State ZIP Cod				■ Mortgage
		_			☐ Mortgage ☐ Car
	City State ZIP Cod				= =
		_			☐ Car ☐ Credit card ☐ Loan repayment
	Creditor's Name				☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors
	Creditor's Name				☐ Car ☐ Credit card ☐ Loan repayment

Total amount paid

Dates of payment Amount you still owe

Reason for this payment

Filed 07/27/18 Entered 07/27/18 17:15:08 (if k Desc Main Doc 1 Debtor 1 Page 44 of 62 Dogyment Middle Name Insider's Name Number Street City State ZIP Code Insider's Name Number Street City State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **√**No Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still owe Reason for this payment payment Include creditor's name Insider's Name Number Street ZIP Code City State Insider's Name Number Street City ZIP Code State Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. □No Yes. Fill in the details.

Case 18-21167 Entered 07/27/18 17:15:08 if k Desc Main Doc 1 Filed 07/27/18 Debtor 1 Page 45 of 62 Dogument Middle Name Nature of the case Court or agency Status of the case **Debt Collection** Case title Portfolio Recovery Circuit Court of Cook County Pending Associates, LLC V. Yadira Court Name On appeal Flores Richard J Daley Center **✓** Concluded Case number 16 M1 112753 50 W Washington St Number Street Chicago, IL 60602-1305 City State ZIP Code Pending Case title \_\_\_ On appeal Court Name □ Concluded Number Street Case number \_\_\_ City State ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Date Value of the property State of Illinois seized \$334.00 of state tax return for University of Illinois Hospital Patient Accounts alleged hospital debt. Apr 04, 2018 \$334.00 Creditor's Name Po Box 12199 Number Street Explain what happened Property was repossessed. Property was foreclosed. Chicago, IL 60612-0199 Property was garnished. ZIP Code City State Property was attached, seized, or levied. Describe the property Date Value of the property State of Illinois seized \$192.00 of state tax return for University of Illinois Hospital Patient Accounts alleged hospital debt. Apr 11, 2018 \$192.00 Creditor's Name Po Box 12199 Number Street **Explain what happened** Property was repossessed. Property was foreclosed. Property was garnished. Chicago, IL 60612-0199 State ZIP Code Property was attached, seized, or levied.

			Descri	be the property		Date	Value of the proper
PRA - In House Counsel Creditor's Name				n Recovery Assoc o. 16 M1 112753	ciates LLC v. Yadira Flores	Jun 29, 2018	\$57.
120 Corporate Blvd Number Street			Explair	n what happened	d		
Norfells VA 22500 4050			Prop	erty was reposse erty was foreclos erty was garnish	ed.		
Norfolk, VA 23502-4952 City	State	ZIP Code			ed. d, seized, or levied.		
			Descri	be the property		Date	Value of the proper
PRA - In House Counsel Creditor's Name				Recovery Assoc o. 16 M1 112753	ciates LLC v. Yadira Flores	Jun 29, 2018	\$80.
120 Corporate Blvd Number Street			Explair	n what happened	d		
				erty was reposse			
Norfolk, VA 23502	State	ZIP Code		erty was forecios erty was garnish			
Oity	Olale	211 0000	<b>∐</b> Prop	erty was attached	d, seized, or levied.		
				be the property		Date	Value of the prope
PRA - In House Counsel Creditor's Name				o Recovery Assoc o. 16 M1 112753	ciates LLC v. Yadira Flores	Jun 29, 2018	\$1.
120 Corporate Blvd Number Street			Explair	n what happened	d		
				erty was reposse erty was foreclos			
Norfolk, VA 23502 City	State	ZIP Code		erty was garnish	ed. d, seized, or levied.		
n 90 days before you filed a payment because you o						et off any amounts fro	om your accounts or re
s. Fill in the details.							
			Describe the	e action the cred	ditor took	Date action was	s Amount
ditor's Name							

City

State

ZIP Code

Deb	tor 1	Case 18-211 First Name	67 Doc 1	Filed 07/27/18 Dogument	Entered 07/27/18 है Page 47 of 62	7:15:08 se namber (if known)	sc Main
		r before you filed for l or another official?	bankruptcy, was	any of your property in the	possession of an assignee for the	ne benefit of credito	rs, a court-appointed receiver,
13. V	<b>Vithin 2 years</b> <b>√</b> 1No	Certain Gifts and s before you filed for the details for each gif	bankruptcy, did y		al value of more than \$600 per pe	erson?	
	Gifts with a	a total value of more	than \$600 per	Describe the gifts		Dates you gave the gifts	Value
	Person to W	hom You Gave the Gift					
	Number S	Street					
	City Person's rela	State ationship to you	ZIP Code				
	Gifts with a	a total value of more	than \$600 per	Describe the gifts		Dates you gave the gifts	Value
	Person to W	hom You Gave the Gift					
	Number S	Street					
	City Person's rela	State	ZIP Code				
	<b>Within 2 yea</b> <b>☑</b> No		r bankruptcy, did		ibutions with a total value of mor	e than \$600 to any o	charity?

D

	contributions to charities to charities to charities to the than \$600			
Charity's N		that Describe what you contributed	Date you contributed	Value
	Name			
Number	Street			
City	State ZIP Coo	de		
5: List	Certain Losses			
Describ	in the details.  The the property you lost and the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending	Date of your loss	Value of property lost
		insurance claims on line 33 of Schedule A/B: Property.		
7. List	Certain Payments or	Transfers		
7: List	Certain Payments or	Transfers -		
ithin 1 ye	ear before you filed for bank	ruptcy, did you or anyone else acting on your behalf pay or tr petition?		ne you consulted about se
ithin 1 ye nkruptcy clude any	ear before you filed for bank	ruptcy, did you or anyone else acting on your behalf pay or tr		ne you consulted about se
/ithin 1 ye ankruptcy clude any	ear before you filed for bank	ruptcy, did you or anyone else acting on your behalf pay or tr petition?		ne you consulted about se

Number

City

Street

Email or website address

State

Person Who Made the Payment, if Not You

ZIP Code

Deb

17.

18.

otor 1	Crasing 18-2 First Name	1167 C	oc 1 Filed 07/27/18 E	Entered 07/27/18 age 49 of 62	3 dase number (if known)	sc Main
			Description and value of any proper	ty transferred	Date payment or transfer was made	Amount of payment
Person W	Vho Was Paid					
Number	Street					
City	State	ZIP Code				
Email or v	website address					
Person W	Vho Made the Payme	nt, if Not You				
☑No ☐Yes. Fill	l in the details.		Description and value of any proper	ty transferred	Date payment or transfer was made	Amount of payment
Person W	Who Was Paid					
Person W	Who Was Paid Street					
		ZIP Code				
Number  City  Within 2 ye course of y Include both Do not inclu	Street  State ears before you file your business or fin th outright transfers a	d for bankrup ancial affairs and transfers r	tcy, did you sell, trade, or otherwise tra? nade as security (such as the granting or already listed on this statement.		yone, other than proper	
Number  City  Within 2 ye course of y Include both Do not inclu	State  State  ears before you filed your business or fin th outright transfers a ude gifts and transfer	d for bankrup ancial affairs and transfers r	? nade as security (such as the granting o	of a security interest or mo	eyone, other than property).  ortgage on your property).  oerty or payments receive	

Number

Street

Person's relationship to you.

State

ZIP Code

	I .			
	_			
Person Who Received Transfer				
Number Street	-			
City State ZIP Code Person's relationship to you				
Jithin 10 years before you filed for bankru ten called asset-protection devices.) 1 No	uptcy, did you transfer any property to a	a self-settled trust or simila	r device of which you are a b	<b>peneficiary?</b> (Thes
Yes. Fill in the details.				
	Description and value of the proper	ty transferred		Date transfer was made
Name of trust				
	_			
8: List Certain Financial Accoun	nts, Instruments, Safe Deposit	Boxes, and Storage L	Jnits	
ransferred? nclude checking, savings, money market	tcy, were any financial accounts or inst , or other financial accounts; certificate her financial institutions.		-	
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and ot INO	or other financial accounts; certificate		-	
ransferred? nclude checking, savings, money market unds, cooperatives, associations, and ot INO	or other financial accounts; certificate		-	e houses, pensio
ansferred? aclude checking, savings, money market unds, cooperatives, associations, and ot No	or other financial accounts; certificate her financial institutions.	Type of account or instrument	Date account was closed, sold, moved, or	e houses, pensio  Last balance before closing
ransferred? Include checking, savings, money market, unds, cooperatives, associations, and ot No  Yes. Fill in the details.	or other financial accounts; certificate her financial institutions.  Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or	e houses, pension  Last balance before closing
ansferred? aclude checking, savings, money market, ands, cooperatives, associations, and ot No Yes. Fill in the details.  Name of Financial Institution	or other financial accounts; certificate her financial institutions.  Last 4 digits of account number	Type of account or instrument  Checking Savings Money market Brokerage	Date account was closed, sold, moved, or	e houses, pensio  Last balance before closing
ransferred? aclude checking, savings, money market, unds, cooperatives, associations, and ot No Yes. Fill in the details.  Name of Financial Institution	or other financial accounts; certificate her financial institutions.  Last 4 digits of account number	Type of account or instrument  Checking Savings Money market	Date account was closed, sold, moved, or	e houses, pensio  Last balance before closing
ansferred? aclude checking, savings, money market, ands, cooperatives, associations, and ot No Yes. Fill in the details.  Name of Financial Institution  Number Street	or other financial accounts; certificate ther financial institutions.  Last 4 digits of account number  XXXX	Type of account or instrument  Checking Savings Money market Brokerage Other	Date account was closed, sold, moved, or	e houses, pensio  Last balance before closing
ansferred? aclude checking, savings, money market, ands, cooperatives, associations, and ot No Yes. Fill in the details.  Name of Financial Institution  Number Street  City State ZIP Code	or other financial accounts; certificate her financial institutions.  Last 4 digits of account number	Type of account or instrument  Checking Savings Money market Brokerage	Date account was closed, sold, moved, or	e houses, pension  Last balance before closing
ransferred? nclude checking, savings, money market, unds, cooperatives, associations, and ot No Yes. Fill in the details.  Name of Financial Institution  Number Street  City State ZIP Code	or other financial accounts; certificate ther financial institutions.  Last 4 digits of account number  XXXX	Type of account or instrument  Checking Savings Money market Brokerage Other Checking Savings	Date account was closed, sold, moved, or	e houses, pension  Last balance before closing
ransferred? nclude checking, savings, money market, unds, cooperatives, associations, and ot No Yes. Fill in the details.  Name of Financial Institution  Number Street  City State ZIP Code  Name of Financial Institution	or other financial accounts; certificate ther financial institutions.  Last 4 digits of account number  XXXX	Type of account or instrument  Checking Savings Money market Brokerage Other Checking Savings	Date account was closed, sold, moved, or	e houses, pension  Last balance before closing
ransferred? nclude checking, savings, money market, unds, cooperatives, associations, and ot No Yes. Fill in the details.  Name of Financial Institution  City State ZIP Code  Name of Financial Institution	or other financial accounts; certificate ther financial institutions.  Last 4 digits of account number  XXXX	Type of account or instrument  Checking Savings Money market Brokerage Other Savings Money market	Date account was closed, sold, moved, or	e houses, pension  Last balance before closing
ransferred? nclude checking, savings, money market, unds, cooperatives, associations, and ot No Yes. Fill in the details.  Name of Financial Institution  Number Street  City State ZIP Code  Name of Financial Institution	cor other financial accounts; certificate ther financial institutions.  Last 4 digits of account number  XXXX	Type of account or instrument  Checking Savings Money market Brokerage Other Savings Money market Brokerage Other Other Other Other	Date account was closed, sold, moved, or transferred	Last balance before closing transfer

Debtor 1 Case 18-21167 Doc 1 Filed 07/27/18 Entered 07/27/18 27:15:08 in Desc Main

First Name N	Middle Name Dogymant Page	51 of 62	·
	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name		□ No □ Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Cod	de		
<ul> <li>Have you stored property in a storage up</li> <li>✓ No</li> <li>☐ Yes. Fill in the details.</li> </ul>	nit or place other than your home within 1 year before	you filed for bankruptcy?	
_	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name		□ No □ Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Contact  art 9: Identify Property You Ho  b. Do you hold or control any property that  ✓ No  ☐ Yes. Fill in the details.	Id or Control for Someone Else someone else owns? Include any property you borro	wed from, are storing for, or hold in trust	for someone.
Tes. Fill III the details.	Where is the property?	Describe the property	Value
Owner's Name	Number Street		
Number Street			
	City State ZIP Code		
City State ZIP Cod			
art 10: Give Details About Environment 10: Give Details About 10: Give			
Environmental law means any federal,	state, or local statute or regulation concerning pollution water, groundwater, or other medium, including state.		
•	erty as defined under any environmental law, whether	r you now own, operate, or utilize it or us	ed to own, operate, or utilize it,
- ·	environmental law defines as a hazardous waste, ha	zardous substance, toxic substance, haz	zardous material, pollutant,

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Page 52 of 62 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. **Governmental unit** Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State **ZIP Code** City State **ZIP Code** Have you notified any governmental unit of any release of hazardous material? **✓**No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State **ZIP Code** City State ZIP Code 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. **√**No Yes. Fill in the details. Court or agency Nature of the case Status of the case Case title ■Pending **Court Name** On appeal ■Concluded Number Street Case number City State ZIP Code Give Details About Your Business or Connections to Any Business Part 11 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

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Case 18-21167

Debtor 1

Doc 1

Filed 07/27/18

Debtor 1

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First Name Middle Name Document Page 53 of 62

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		FromTo
City State ZIP Code		
News	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		FromTo
City State ZIP Code		
<del></del>	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		FromTo
City State ZIP Code		
<ul> <li>Within 2 years before you filed for bankruptcy, d parties.</li> </ul>	id you give a financial statement to anyone about your bus	iness? Include all financial institutions, creditors, or other
√No		
Yes. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State 7ID Co.d-		
City State ZIP Code		
art 12: Sign Below		

D

Yes. Name of person \_\_

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.    Soly Yadira Flores	<u>şc Main</u>
correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.     X	
correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
Signature of Yadira Flores, Debtor 1  Date 07/27/2018  Date  Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  ✓ No  ☐ Yes	
Date O7/27/2018 Date  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  ✓ No □ Yes	
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  Value  Yes	
☑ No □ Yes	
✓ No □Yes	
☑ No □Yes	,
□Yes	
Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	
<b>☑</b> No	

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information	to identify your case:	27/18	3 17:15:08	Desc Main			
Debtor 1	Yadira		Flores				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankru	ptcy Court for the:	N	orthern District of Illinois				
Case number (if known)						Check if this is an amended filing	

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a Did you claim the property as debt?

Example 2 debt 2 debt 2 debt 3 debt 3 debt 3 debt 4 debt 4 debt 4 debt 5 debt 5 debt 6 de

Debtor 1

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First Name Middle Name Dogument Page 56 of 62

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired	d personal property leases		Will the lease be assumed?
Lessor's name:	Barrera, Margarita		<b>√</b> No
Description of leased property:	Month to Month Lease on Rented A	Apartment	☐ Yes
Lessor's name:			□ No
Description of leased property:			☐ Yes
Lessor's name:			□ No
Description of leased property:			☐ Yes
Lessor's name:			□ No
Description of leased property:			☐ Yes
Lessor's name:			□ No
Description of leased property:			☐ Yes
Lessor's name:			□ No
Description of leased property:			☐ Yes
Lessor's name:			No
Description of leased property:			☐ Yes
Part 3: Sign Below			
Under penalty of perjury, is subject to an unexpired	I declare that I have indicated my in I lease.	tention about any property of my estate that secures a debt	and any personal property that
( lel Ye	adira Flores	X	
Signature of Debtor 1	. 10100	Signature of Debtor 2	
Date <u>07/27/2018</u> MM/ DD/ YYYY	_	Date	

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## United States Bankruptcy Court Northern District of Illinois

In re	Flores, Yadira	Case No	
	Debtor(s)	Chapter <u>7</u>	
	DISCLOSURE (	OF COMPENSATION OF ATTORNEY FOR DEBTOR	(S)
1.	named debtor(s) and that corbankruptcy, or agreed to be pa	a) and Fed. Bankr. P. 2016(b), I certify that I am the mpensation paid to me within one year before the find to me, for services rendered or to be rendered or in connection with the bankruptcy case is as follows:	ling of the petition in n behalf of the
	✓ FLAT FEE		
	For legal services, I have	agreed to accept	\$0.00
	Prior to the filing of this st	tatement I have received	
	Balance Due		\$0.00
	RETAINER		\$0.00
	For legal services, I have	agreed to accept and received a retainer of	
	The undersigned shall bil	I against the retainer at an hourly rate of	
	- ,	schedule.] Debtor(s) have agreed to pay all Court ses exceeding the amount of the retainer.	
2	<b>\$0.00</b> of the filing fee has	been paid.	
3. T	he source of the compensatio	n to be paid to me was:	
	<b>☑</b> Debtor	Other (specify)	
4. T	he source of compensation to	be paid to me is:	
	<b>☑</b> Debtor	Other (specify)	
5. <b>\</b>	1 I have not agreed to share to nless they are members and a	he above-disclosed compensation with any other pe ssociates of my law firm.	erson
р	ersons who are not members of	above-disclosed compensation with a other person or associates of my law firm. A copy of the agreements of the people sharing in the compensation, is atta	nt,
6. Ir	return for the above-disclose	d fee, I have agreed to render legal service for all as	spects

a. Analysis of the debtor's financial situation, and rendering advice to the debtor

in determining whether to file a petition in bankruptcy;

of the bankruptcy case, including:

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In re	Flores, Yadira		Document	Page 58 of 62	Case No.	

Debtor(s)

#### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/27/2018/s/ Salvador J LopezDateSignature of Attorney

Robson & Lopez LLC

Name of law firm

# 

IN RE: Flores, Yadira CASE NO
CHAPTER 7

#### **VERIFICATION OF CREDITOR MATRIX**

The a	above named Debtor h	nereby verifies tha	t the attached list of creditors is true and correct to the best of his/her knowledge.
Date	07/27/2018	Signature _	/s/ Yadira Flores Yadira Flores, Debtor

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Margarita Barrera 4109 S Montgomery Ave 1 Chicago, IL 60632

Blatt, Hasenmiller, Leibsker & Moore, LLC Bankruptcy 10 S. LaSalle 2200 Chicago, IL 60603

ERC Po Box 57547 Jacksonville, FL 32241-7547

HY CITE CORP/ROYAL PRESTIGE 333 Holtzman Rd Madison, WI 53713

I C SYSTEM INC PO Box 64378 Saint Paul, MN 55164

Midland Funding 2365 Northside Dr # 300 San Diego, CA 92108-2709

Portfolio Recovery Associates 120 Corporate BLVD STE 100 Norfolk , VA 23502

PRA - In House Counsel c/o Sanjay S. Jutla / Kevin Egan / Kirsten L. Pepper 120 Corporate Blvd Norfolk, VA 23502

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TD BANK USA/ TARGET CREDIT PO BOX 673 MINNEAPOLIS, MN 55440

University of Illinois Hospital & Health Sciences System Legal Department 7705 Solution Center Chicago, IL 60677-0001

University of Illinois Hospital Patient Accounts Po Box 12199 Chicago, IL 60612-0199

						07/10 17:15:00	Dogo Main	
Fi	Il in this information to	identify your case:				27/18 17:15:08 2	Desc Main	
	Debtor 1	Yadira		Flores				
_		First Name	Middle Name	Last Name				
	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Name				
ι	Jnited States Bankrup	tcy Court for the:		Northern Distric	ct of Illinois			
	Case number _ f known)						Check if this is an amended filing	
— О	fficial Form	103A				1		
			duals to	Pay th	e Filing Fee	in Installme	nts	12/15
Ве	as complete and acc	curate as possible. If tw	o married peop	ole are filing tog	ether, both are equally res	ponsible for supplying co	orrect information.	
_		a Duana a a di Da	t Time - t -	ماما				
Pa	art 1: Specify Yo	our Proposed Payn	nent Timeta					
1.		he Bankruptcy Code a		Chapter 7				
	you choosing to file	e under?		Chapter 11				
				Chapter 12 Chapter 13				
			_	Chapter 13				
2.		ay the filing fee in up to		pose to pay	_			
	propose to pay and	Fill in the amounts you I the dates you plan to		\$83.75	☐ With the filing of the			
		ates are business days. Bents you propose to pa	 ay.	ψου./ υ	petition  On or before this date	e 07/27/2018		
	You must propose to	pay the entire fee no later	than			MM / DD / YYYY		
		e this bankruptcy case. If the application, the court will s		\$83.75	On or before this date	08/26/2018 MM / DD / YYYY		
	your final payment tim			\$83.75	On or before this date			
				φοσ.πο	On or belore time date	MM / DD / YYYY		
				\$83.75	On or before this date	10/25/2018 MM / DD / YYYY		
		To	otal	\$335.00	■ Your total must equal the expression of t	entire fee for the chapter yo	ou checked in line 1.	
Р	art 2: Sign Belo	w						
В	v signing here, vou s	state that you are unabl	e to pay the ful	Il filing fee at on	ce, that you want to pay th	e fee in installments. and	that you understand that:	
		-		_			ion preparer, or anyone else f	for
		on with your bankruptcy	•			, ,	,,	
•	You must pay the en your entire fee is pai		days after you t	first file for bankru	uptcy, unless the court later o	extends your deadline. You	r debts will not be discharged	d until
	If you do not make a	ny payment when it is du	e, your bankrup	tcy case may be	dismissed, and your rights in	other bankruptcy proceedi	ngs may be affected.	
<b>~</b>	/s/ Yadira Flores		v			✓ /s/ Salvador J I	ODE7	

Date <u>07/27/2018</u>

Signature of Yadira Flores, Debtor 1

MM / DD / YYYY

Signature of

MM / DD / YYYY

Date \_

Salvador J Lopez Your attorney's name and signature, if you used

Date 07/27/2018

MM / DD / YYYY